

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1994

Application or Docket Number

08480 461

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	24 minus 20 = *	4
INDEPENDENT CLAIMS	4 minus 3 = *	1
MULTIPLE DEPENDENT CLAIM PRESENT		

SMALL ENTITY

OR

**OTHER THAN
SMALL ENTITY**

RATE	FEE		RATE	FEE
	365.00	OR		730.00
x\$11=		OR	x\$22=	88
x38=		OR	x76=	76
+120=		OR	+240=	
TOTAL		OR	TOTAL	894

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

**OTHER THAN
SMALL ENTITY**

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 47	Minus	** 40	=
	Independent	* 4	Minus	*** 4	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
x\$11=		OR	x\$22=	
x38=		OR	x76=	
+120=		OR	+240=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
x\$11=		OR	x\$22=	
x38=		OR	x76=	
+120=		OR	+240=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
x\$11=		OR	x\$22=	
x38=		OR	x76=	
+120=		OR	+240=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3."

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

REQUEST FOR PATENT FEE REFUND									
1 Date of Request: 8-7-95			2 Serial/Patent # 08/480,461						
3 Please refund the following fee(s):			4 PAPER NUMBER		5 DATE FILED		6 AMOUNT		
<input checked="" type="checkbox"/>	Filing						\$ 1234.00		
<input type="checkbox"/>	Amendment						\$		
<input type="checkbox"/>	Extension of Time						\$		
<input type="checkbox"/>	Notice of Appeal/Appeal						\$		
<input type="checkbox"/>	Petition						\$		
<input type="checkbox"/>	Issue						\$		
<input type="checkbox"/>	Cert of Correction/Terminal Disc.						\$		
<input type="checkbox"/>	Maintenance						\$		
<input type="checkbox"/>	Assignment						\$		
<input type="checkbox"/>	Other						\$		
5. It is different. Please verify Posting and Serial number. Thank you. [Signature]			7 TOTAL AMOUNT OF REFUND				\$		
			8 TO BE REFUNDED BY:						
10 REASON:									
<input checked="" type="checkbox"/>	Overpayment		<input checked="" type="checkbox"/>		Treasury Check				
<input type="checkbox"/>	Duplicate Payment		<input type="checkbox"/>		Credit Deposit A/C #:				
<input type="checkbox"/>	No Fee Due (Explanation):		9		01--2138				
11 REFUND REQUESTED BY: -									
TYPED/PRINTED NAME: S. Ahmed					TITLE: Adm/Ex.				
SIGNATURE: [Signature]					PHONE: 308-1172.				
OFFICE: GN AR.									
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****									
APPROVED: [Signature]					DATE: 8/31/95				

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**